## PART B - FEE(S) TRANSMITTAL

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| MERCHANT & GOULD (MICROSOFT)<br>P.O. BOX 2903<br>MINNEAPOLIS, MN 55402-0903  |   |   |                                   |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  |                               |  |   |
| •  |   |   |                                   |   | Merri D. Cruz (Depositor's name)   |                               |  |   |
| •  |   | /Merri D. Cruz/   |                                   |   | (Signature)  |                               |  |   |
|  |   |   |                                   |   | February 4, 2009 (Date of the control of the contro |                               |  |   |
| APPLICATION NO. FILING DATE  |   |   |                                   | FIRST NAMED INVENTOR ATTORNEY DOCKET NO   |  |                               | NEY DOCKET NO.   | CONFIRMATION NO.  |
| 10/780,055   | 10/780.055 02/17/2004   |   |                                   | Yaniv Feinberg 60001.0308US01/MS30525   |  |                               | 08US01/MS305250 1  | 9688  |
| TITLE OF INVENTION: DISPLAY OF TEXT IN A MULTI-LINGUAL ENVIRONMENT   |   |   |                                   |   |  |                               |  |   |
| APPLN, TYPE  | SMALL ENTITY  | ISSUE FEE I   | DUE                               | PUBLICATION FEE DUE   | PREV. PAID ISSU  | E FEE                         | TOTAL FEE(S) DUE   | DATE DUE  |
| nonprovisional   | NO  | NO \$1510   |                                   | \$0   | \$0  | \$0 \$1510                    |  | 03/12/2009  |
| EXAMINER ART UNIT  |   |   | Т                                 | CLASS-SUBCLASS  | <u>י</u> ר   |                               |  |   |
| QUELER, ADAM M 2178  |   |   |                                   | 715-536000  | _  |                               |  |   |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |   |   |                                   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.                   |  |                               |  |   |
|  |   |   |                                   | ΓΗΕ PATENT (print or t  | •• /   |                               |  |   |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |   |   |                                   |   |  |                               |  |   |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Microsoft Corporation  Redmond, Washington   |   |   |                                   |   |  |                               |  |   |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government  |   |   |                                   |   |  |                               |  |   |
| 4a. The following fee(s) are submitted:  |   |   |                                   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card, Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form). |  |                               |  |   |
| 5. Change in Entity Stat   |   | ,   |                                   | · ·   |  |                               |  |   |
|  | SMALL ENTITY state  |   |                                   | b. Applicant is no to   |  |                               |  | R 1.27(g)(2). e assignee or other party in                                      |
| interest as shown by the r   | ecords of the United Sta  | tes Patent and T  | rademark                          | Office.   | i the applicant; a reg   | isiered a                     | intorney or agent; or the  | e assignee or other party in  |
| Authorized Signature /D. Kent Stier/   |   |   |                                   |   | Date Feb   | ruary                         | 7 4, 2009  |   |
| Typed or printed name D. Kent Stier  |   |   |                                   | Registration No. 50,640   |  |                               |  |   |
| This collection of information application. Confident submitting the completed this form and/or suggestion.  | ation is required by 37 C<br>iality is governed by 35<br>application form to the            | FR 1.311. The in U.S.C. 122 and USPTO. Time               | nformation<br>37 CFR<br>will vary | on is required to obtain or<br>1.14. This collection is e<br>depending upon the ind   | r retain a benefit by<br>estimated to take 12<br>ividual case. Any c   | the publ<br>minutes<br>omment | ic which is to file (and<br>to complete, including<br>s on the amount of tir | by the USPTO to process) g gathering, preparing, and ie you require to complete |

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